

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____		2 Serial/Patent # <u>10/517491</u>	
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3	Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/>	Filing			\$ 100
	Amendment			\$
	Extension of Time			\$
	Notice of Appeal/Appeal			\$
	Petition			\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
	Other			\$

	7 TOTAL AMOUNT OF REFUND <div style="text-align: right;">\$ 100</div>
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10 REASON: <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <input checked="" type="checkbox"/> Overpayment <input type="checkbox"/> Duplicate Payment <input type="checkbox"/> No Fee Due (Explanation): _____	8 TO BE REFUNDED BY: <input type="checkbox"/> Treasury Check <input checked="" type="checkbox"/> Credit Deposit A/C #: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 02--2135 </div>
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11 REFUND REQUESTED BY: TYPED/PRINTED NAME: <u>John Anderson</u> SIGNATURE: <u><i>John Anderson</i></u> OFFICE: <u>PCT - DO/EO</u>	TITLE: <u>Para legal Specialist</u> PHONE: <u>308-9440 x 211</u>
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THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____ DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: